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EDITORIAL

Let's Turn On!

SOMETHING OF UNUSUAL importance may have happened at the convention of the American Medical Association in San Francisco. Only time will tell whether medicine found a unity, an inspiration and a sense of purpose in this beautiful city that is so vibrantly alive. Quite properly, the House of Delegates was the scene. The incoming president of the AMA, the president of the Student AMA (SAMA) and a frustrated spokesman for a poorly identified "Medical Committee for Human Rights" were among the principal players. The script was impressive. The message was one of vision, energy and optimism for the future of American medicine and for its principal aim, "The betterment of the public health."

No physician or student of health care should fail to read and ponder the meaning of the two extraordinarily perceptive statements of Dwight L. Wilbur to the House of Delegates. They were entitled "Emphasize Steering Instead of the Brake" and, a more detailed commentary, "Cockroaches and Cherrystones." Both have been published in the *Journal of the American Medical Association*.^{*} C. Clement Lucas, Jr., expressed the deep social commitment and very positive activism of today's medical students with feeling and conviction. And, largely unheard (the microphones were not working at the time) was the uninvited

spokesman for a "Medical Committee for Human Rights" who surprisingly echoed much that the others were saying, if one ignores his infatuation with compulsory medicine and his equally out-moded cries of racism and discrimination.

Quite unexpectedly, what comes through in all four of these statements is a deep reaffirmation of the humanitarian goals which have always been medicine's reason for being, and a conviction that these must now be pursued by the profession with new energy and new action—with a new *activism*, if one use the language of the day. It seems most significant that these expressions reflect both youth and experience within the profession, and both the "ins" and the "outs" as far as organized medicine is concerned. This constitutes quite a remarkable unity.

It remains to be seen whether the message was heard or whether a significant new professional activism will in fact come into being. There is surely nothing novel about humanitarian goals in medicine, but there is a lot to be learned and a lot to be done about the technology of achieving these goals in modern society. Practicing physicians and organized medicine have long been activists in the technology of medical science. An entirely comparable activism on the part of the medical profession is now needed in the technology necessary to achieve the humanitarian and economic goals of health care in this great nation. And, just as is the case with medical science, this can best be done in collaboration with others of like purpose, whether in or out of government.

The message from San Francisco is that such a new activism on the part of organized medicine could "turn on" the young physicians, mobilize hitherto untapped sources of energy and bring

^{*}JAMA, 205:89-96, 8 July 1968.

about a real unity within the profession. Let us hope that under the present AMA leadership the process will at least begin.

Treatment of Acute Leukemia

FOR THE CLINICIANS and investigators who thrive on therapeutic results, the field of cancer chemotherapy has been frustrating indeed. Of the great number and variety of patients with malignant disease, only a small fraction are benefited by medical means. Even rarer are examples of such prolonged control that the concept of cure by drugs can be considered.

The glimmer of hope in this difficult field began 20 years ago with small advances in the treatment of acute lymphoblastic leukemia of childhood. Gradual improvement in results effected by a wide variety of therapeutic agents and the proper use of supportive measures allow one to be convinced that useful life can be prolonged, that agents can be directed toward specific sites of the cell cycle, that rational combinations and cyclic chemotherapy can be conceived and that true cures have been observed and more projected.

The review of this subject by Doctor Cline in the U.C. Medical Staff Conference emphasizes the state of our knowledge and some of the challenges that face the clinicians and investigators involved in the management of acute leukemia. It should be added that the encouraging results and considerations in the treatment of acute lymphoblastic leukemia of childhood have, in large part, been responsible for the development of the entire field of cancer chemotherapy. The proved curative value of chemotherapy in the treatment of chorio-carcinoma in the female and possible curative value in the treatment of Burkitt's lymphoma, Hodgkin's disease, and Wilms' tumor have been developed to some extent through the lessons learned from the treatment of acute leukemia.

It is worth emphasizing one of Doctor Cline's points, however. The chemotherapy of acute leukemia should be undertaken only by individuals and centers experienced with the management of these disorders, not only because the therapeutic programs can be so difficult and complex, but also because with the proper use of today's available agents and supportive measures the results can be so very good.

Prevention of Ischemic Vascular Disease

IN THIS ISSUE, Frederick T. Hatch argues persuasively that the physician must become more involved in programs to prevent ischemic vascular disease resulting from atherosclerosis. It is clearly feasible to alter some of the factors that have been associated unequivocally with risk of developing coronary heart disease. If such alterations will in fact substantially reduce the incidence of this disease, we have a clear example of a gap between basic knowledge concerning a major disease and its application. That physicians have not so far approached this problem systematically largely reflects doubt that such measures will be effective. "Experts" speaking on this subject are invariably asked whether they really believe that reducing the level of serum cholesterol or other lipids will make any difference in a disease whose cause is considered to be multi-factorial. Accumulating evidence favoring such a belief is cited by Doctor Hatch as well as our almost astounding ability to identify risk of developing coronary heart disease (at extremes we can identify a middle-aged man with 15 to 20 times the risk of having a myocardial infarction as another). With this knowledge, we need to ask ourselves whether we can afford to wait for conclusive proof that we can alter risk. Is the evidence that we can postpone vascular complications in patients with maturity-onset diabetes by lowering the blood sugar more (or even as) convincing than the evidence that heart attacks can be postponed by reducing the level of serum cholesterol?

In order of importance and, perhaps, feasibility, appropriate measures appear to be reduction or cessation of cigarette smoking, loss of weight (what did you weigh when you were 20?) and a regular program of muscular exercise. These recommendations can logically be applied to all. A really effective program must, however, go beyond this. It will be necessary to develop efficient methods to identify the apparently healthy individual at high risk and to apply measures tailored to his problems. This involves chiefly identifying the presence and type of hyperlipidemia and of arterial hypertension. Elevated levels of lipids or blood pressure can at least partially be corrected in almost all cases. Doctor Hatch stresses the fact that we have not yet developed effective ways to apply such procedures and know remedial measures widely.